



REC 15-226

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

NH-PUC 8 JUN 15 PM 12:11

June 4, 2015

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Dougherty system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Rich and Kris Dougherty
533 Oak Hill Rd
Northfield, NH 03276
603.393.6317
richarddougherty62@gmail.com

The new Nepool GIS ID # for this facility is: NON51122. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☐ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Rich and Kris Dougherty Email richarddougherty62@gmail.com

Address 533 Oak Hill Rd City Northfield State NH Zip 03276

Telephone 603.393.6317 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

| equipment | quantity | Type | equipment | quantity | Type |
|-----------|----------|----------------------|-----------|----------|------|
| PV panels | 28 | SunEdison F265 | other | | |
| Inverter | 28 | Enphase m215 | other | | |
| meter | 1 | Hialeah S-02S-20023E | other | | |

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 6.02 AC

What was the initial date of operation (the date your utility approved the facility)? 3/2/15

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer

Name Granite State Solar Contact Justin Thomas License # (if applicable) 0366C

Address 197 N Main Street City Boscawen State: N H Zip 03303

Telephone 603.369.4318 email justin@granitestatesolar.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name SunEdison Contact Kim Wright

Address 600 Clipper Drive City Belmont State CA Zip 94002

Telephone 845.224.9376 email kwright@sunedison.com

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Shawn Marvel License # 13363M

Business Name Granite State Solar Email shawn@granitestatesolar.com

Address 197 N Main Street City Boscawen State NH Zip 03303

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button, Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒
 If "yes", then provide proof of the certification as **Attachment C**.

- ***Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.***
- **In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:**

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON51122 Asset ID # NON51122

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

My Commission Expires _____

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature



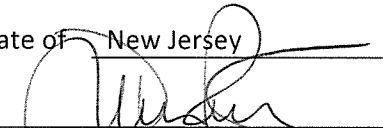
Date 5/27/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 27 Day of May (month) in the year 2015

County of Morris

State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires _____

| |
|--|
| DULCE PINTO Notary Public State of New Jersey My Commission Expires Jan. 21, 2019 I.D.# 2381704 |
|--|

- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

| CHECK LIST: The following has been included to complete the application: | YES |
|---|-----|
| • All contact information has been provided. | X |
| • A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> . | X |
| • Documentation of the distribution utility's approval of the installation.* | X |
| • If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. | |
| • A signed and notarized attestation. | X |
| • A GIS number obtained from the GIS Administrator. | X |
| • The document has been printed and notarized. | X |
| • The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC. | X |
| • An electronic version of the completed application has been sent to executive.director@puc.nh.gov . | X |
| *Usually included in the interconnection agreement. | |

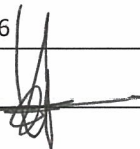
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer's Signature:  6/4/15



CO-OP ENERGY SOLUTIONS

Putting the Power in Your Hands

NEW HAMPSHIRE ELECTRIC CO-OP INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: Rich Dougherty

Mail Address: 533 Oak Hill Rd

City: Northfield State: NH, Zip Code: 03276

Facility Location (if different from above): _____

Daytime Phone #: (603) 393-6317

Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: 5343458010

Electricity Supplier (ES) _____ Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar ☒ Wind _____ Hydro _____

Generator Manufacturer, Model Name & Number: SunEdison F265 (28)

Number of Phases of Unit: Single, Three or Other: Single

Generation output rating in Kilowatts: 7.4 kW

Inverter Manufacturer, Model Name & Number: Enphase M-215 (28)

Battery backup? ☐ Yes ☒ No

Will a generator Disconnect Switch accessible to the utility be installed? ☒ Yes ☐ No

Proposed location of Disconnect Switch, if applicable: Next to the meter.

Section 3. Installation Information & Certification

☐ Check if owner-installed

Installation Date: February

Installing Electrician: Shawn Marvel

State of NH License #: 13363 M

Mail Address: 197 North Main St

City: Boscawen

State: NH Zip Code: 03303

Daytime Phone #: (603) 209-4364



CO-OP ENERGY SOLUTIONS

Putting the Power In Your Hands

1. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:

Signed (Vendor/Supplier): _____

Name (printed): Justin Thomas

Date: 2/12/15

Company: Granite State Solar, LLC

Company Address: _____

2. The system has been installed in compliance with the local Building/Electrical Code of

Northfield, NH

(City/County)

Signed (Electrician or Town Inspector): _____

Print Name: Dana Dickson

Date: 3/2/15

In lieu of signature by inspector, a copy of final inspection certificate may be attached.

3. The initial start-up test required by PUC 905.04 has been successfully completed.

Completed on

3/2/2015

Witnessed By

4. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (NHEC): _____

Print Name: _____

Date: _____

Signed (Electricity Supplier Representative): _____

Date: 3/2/15

5. Interconnection Date: _____

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant: _____

Date: 2/12/15

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO-OP WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.